

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-C**

Name: Christopher Lester
Wt 285 T 97.4

DOB: [REDACTED]/71
P 86

8/7/00

S-He comes in today complaining of a sore throat. He was seen earlier in the week and was placed on Amoxil due to strep throat. He states he was having a headache. He felt something pop in the right side of his face and his headache went away but he has felt dizzy ever since then. He is also complaining of having difficulty maintaining erections over the period of the past several months. He occasionally obtains an AM erection but it is rare. No history of dysuria. He has had no history of trauma. No history of any sexually transmitted diseases. No history of diabetes.

O-PE - He is in no apparent distress. Vitals are stable. Oropharynx is clear, minimally injected. EACs are patent. TMs are negative. There is no TMJ tenderness. Cranial nerves II-XII intact. Romberg is negative. Testicle exam is normal in size and consistency. No lesions. Prostate is normal. Urinalysis is clear.

A-Headache, resolved; pharyngitis; erectile dysfunction.

P-Check BMP and serum testosterone. Will follow.

John Mark Snyder, D.O./srh



Name: Chris Lester
Wt: 298

DOB: [REDACTED] 71
P: 60

11/19/01

S-He comes in today for follow up. He is doing about the same. He still has a lot of back pain. He is concerned about his ever increasing weight. He states he has done all he can do to try to lose weight. He is concerned about future complications due to his obesity.

O-He is in no gross distress. He is overweight at 298 pounds. There is limited motion of the left shoulder and painful. Back exam shows some generalized tenderness primarily at the right PSIS. SLR creates pain with any attempts. There are no neuro deficits.

A-Chronic low back and shoulder pain, obesity, history of depression.

P-Maintain medications. He is given some Motrin to take for pain from a dental extraction he has recently had. I told him I would dictate a letter to his insurance in regard to his weight as he would like to have an evaluation for gastric bypass procedure. I think this may be a reasonable alternative for him. He is to follow in one month.

John Mark Snyder, D.O./srh

Dr 11/19/01

11/16/02 Entex LA Δ Entex P/E : BID # 30 (R) Medicap

Christopher Lester
Wt 298

DOB [REDACTED] 71
P 108

12-10-01

S-In for f/u doing about the same, still has back pain. Due to go back to the pain clinic in a few mo.

O-Exam no gross distress, he has limited motion of the left shoulder especially with internal and external rotation there is some clicking noted. Exam of the back he can barely SL bilaterally. Neuro is intact.

A-Chronic LBP, chronic shoulder pain

P-Maintain meds as outlined, rx written and f/u in 2 mo.

John M. Snyder, D. O./bjw

B. J. Snyder

Chris Lester
Wt 300+

DOB [REDACTED]/71
P 92

10-10-01

S-In and doing about the same, still has a lot of shoulder and back pain, he is due to see pain clinic again in a few days, feeling more nervous recently. He feels jittery, sometimes diarrhea. Presently taking Effexor, Pamelor and Vistaril per psychiatrist.

O-Exam - he is overweight, moves slowly, has LS spasm, decrease in internal and external rotation of the shoulder. SLR creates pain at any attempt.

A-Chronic low back and shoulder pain, secondary to trauma. Anxiety depression.

P-Maintain meds refill on Oxycontin 40 TID, Flexaril 10 TID and maintain f/u at the pain clinic on Mon and also psychiatrist and see me back in 1 mo.

John M. Snyder, D. O./bjw

7/20/01

Christopher Lester
Wt 297 P 96

DOB [REDACTED]/71

9-10-01

S-In for f/u, he is still having significant back pain. He fell the other day while at a friends house and bruised his back. He is still having shoulder pain too, he is exercise and doing somewhat better with that.

O-Exam - no gross distress, walks with the assist of a cane. He has diminished internal and external rotation of the shoulder, has muscle spasm dorsal and lumbar area, large contusion on the left buttocks. Neuro is intact

A-Chronic LB and shoulder pain, recent fall and contusion.

P-Maintain meds and f/u in a mo.

John M. Snyder, D. O./bjw

[Signature] 9-11-01

Christopher Lester
Wt 295

DOB [REDACTED] 71
P120

8-8-01

S-In for f/u of his back pain, shoulder pain and neck pain, all essentially the same. He has been following at the pain clinic. He has had some recent injections in his neck. He is due for some inj in his lumbar spine.

O-Exam- no gross distress, is ambulatory. He has diminished ROM in the neck. In all plains and somewhat reluctant to motion. Shoulder have full ROM, somewhat tender at extremes. Low back exam shows some spasm. SLR is neg at this time.

A-Chronic LBP, neck pain, shoulder pain.

P-Maintain f/u at the pain clinic. He is given refill on his Oxycontin and f/u in 1 mo.

John M. Snyder, D. O./bjw



Christopher Lester

DOB [REDACTED]/71

6-27-01

Wt 287

P 88

BP 130/84

S-In for f/u, still having significant back, neck and shoulder pain. He has been going to the pain clinic. He was there last wk and had a couple of lumbar inj and is going to be scheduled in a couple of weeks and they are going to do some more with his neck at that time. He is still taking Oxycontin for pain and tries to hold off as long as possible.

O-Exam- ambulatory with assist of a cane. He has diminished motion in the neck and lumbar spine. Full ROM in the left shoulder, pain at extremes. He has weakness of both lower extremities. DTR's are diminished.

A-Chronic low back and neck pain

P-Maintain appt at the pain clinic, continue on Oxycontin for the time being, we talked about dosage reduction once the pain clinic has given him some more inj. and will follow in 1 mo.

John M. Snyder, D. O./bjw

[Handwritten signature]

7-25-01
nashow

Christopher Lester
Wt 293

DOB [REDACTED] 71
P 88

5-25-01

S-In for f/u, he went to see the orthopedic surgeon, apparently he and the surgeon did not get along. The surgeon accused him of being a drug addict, on Chris's account. I have not rec any recommendation. He still has shoulder pain as before.

O-Exam no apparent distress, his vital signs are stable. He has pain with ROM of the shoulder in all plains. No specific point areas of tenderness. He still has a lot of LS tenderness and pain radiating down both legs. SLR creates pain bilaterally.

A-Chronic LB and shoulder pain, history of anxiety depression.

P-Maintain rx as outlined, and I gave him a refill on Oxycontin he is to f/u in 1 mo. Will await the ortho evaluation.

John M. Snyder, D. O./bjw

John M. Snyder

Christopher Lester DOB [REDACTED] 71 4-24-01
Wt 302 P 82 BP 120/80

S-In for f/u and doing about the same, still has a lot of LBP and shoulder pain. He states that the pain clinic has been approved, we just need an appt. He is dealing with anxiety depressive symptoms.

O-Exam - no gross distress, limited ROM of the shoulder on the left with internal and external rotation. Pin point tenderness anteriorly. Lungs are clear. Heart is regular. He has some LS spasm. SLR creates pain with any attempts.

A-Chronic LBP, shoulder pain, anxiety depression

P-Main meds. maintain appt at the pain clinic and f/u in a mo.
Refill Oxycontin 40 mg 1 PO TID X 0.

John M. Snyder, D. O./bjw

John M. Snyder

Christopher Lester DOB [REDACTED] 71 3-27-01
Wt 300 P 100

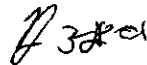
S-In for f/u and doing about the same, still has a lot of back pain, and left shoulder pain. He was due to go back apparently to see Dr. Loimil however there was a question that apparently Dr. Loimil's office wanted his entire care transferred to them and Chris did not want to do that at this time. He is also seeing Boyd Gilmour, he is due to see psychiatrist in the near future, apparently doing ok from the Paxil standpoint.

O-Exam - no gross distress, his BP is stable, he has limited ROM internal and external rotation of the shoulder, there seems to be rotator cuff weakness however, MRI was neg. He has LS tenderness which is chronic. SLR raise about 20 degrees without pain.

A-Chronic LB and shoulder pain secondary to compensable injury

P-He would like to have a referral to different orthopedic surgeon, will arrange that, and given refill on his pain medication, OxyContin and f/u in 4 wks. maintain other f/u

John M. Snyder, D. O./bjw



Christopher Lester
Wt 300 P 104

DOB [REDACTED] 71

2-27-01

S-In for f/u, still having neck and low back, right leg, left shoulder pain. He had an MRI showed no acute abnormalities. He is suppose to f/u with Dr. Loimil but he doesn't know when. He states he gets shooting pains in the right side of his neck, feeling more pain and weakness occurring down the right leg. His MRI of the lumbar spine was neg.

O-Exam - he is alert and oriented, walks without limp. He is obsese, diminished ROM of the left shoulder side bending and rotation. Diminished side bending and rotation of the neck, left and right with poor effort. SLR creates pain bilaterally with poor effort.

A-Chronic pain, back neck , shoulder and leg without any MRI findings.

P-He is to due to go to the pain clinic, he is given refill on his meds. continue Oxycontin for right now, f/u in 1 mo.

John M. Snyder, D. O./bjw

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Christopher Lester
WT 287 P 104

DOB [REDACTED] /71

1-26-01

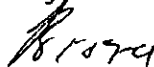
S-In for f/u and doing about the same, his mid back has improved some. He still has the same amt of shoulder pain, he was to have an MRI yesterday but had to go to his mother in law's funeral.

O-Exam - he is ambulatory without assist, he has diminished ROM of the left shoulder on internal and external rotation primarily. There is rotator cuff weakness. There is mid dorsal tenderness, SLR creates pain bilaterally.

A-Chronic severe left shoulder and low back and mid back pain

P-Continue meds. Get MRI and f/u with Dr. Loimil and see me back in 4 wks.

John M. Snyder, D. O./bjw



Christopher Lester
WT 282 P 80 T 97.4

DOB [REDACTED] 71

1-12-01

S--Bothered with a cough over the last wk. some fever and chills, no sore throat or earache. No nausea or vomiting or diarrhea. He has had the death of his father in law, mother in law was taken to the hospital acutely ill yesterday and he has not had much rest or sleep.

O-Exam - he is afebrile. He does have a nonproductive cough, TM's are normal. throat is normal. no nodes in the neck. Heart is regular. Lungs are clear and symmetrical. No wheezing or rhonchi.

A-URI

P-Zithromax Z-pak as directed, and Phenergan DM for cough, advised he should not visit FM in the hospital with his present illness.

Barbara J. Koster, MSN-RNC/bjw

Handwritten signature of Barbara J. Koster, consisting of stylized initials 'BK' followed by a vertical line and the number '112'.

Christopher Lester
Wt 285 P 124

DOB [REDACTED] 71

12-29-00

S-In for f/u and still having severe back and shoulder pain, he is due for an MRI of the shoulder tomorrow.

O-Exam - he can barely walk with the assist of a cane, he has gross limitation of movement of the shoulders, on internal and external rotation. He has mid back tenderness and can barely sit down and raise up.

A-Chronic low back and shoulder pain exacerbated by recent fall with questionable compression fracture T11

P-Continue Oxycontin, Ativan, Paxil, and Hydrocodone as necessary and get MRI, we are awaiting appt at the pain clinic, I think he has approval for that and f/u in 4 wks.

John M. Snyder, D. O./bjw



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Chris Lester
Wt 292 P 84

DOB [REDACTED] 71

12-12-00

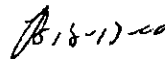
S-In for hospital f/u he had fell striking his dorsal spine on some steps, he was in the hospital for a few days for pain, he states that the Oxycontin 40 is helping, he is having to supplement it with prn Hydrocodone.

O-Exam- he still has some swelling overlying his back, it is grossly tender. Cannot flex at all.

A-Dorsal back contusion, with questionable compression fracture, could not tell if it is old or new

P-Continue meds for now as outlined, continue on Flexaril, refill Hydrocodone, he is to f/u in 2 wks.

John M. Snyder, D. O./bjw



Christopher Lester
Wt 288 P 84

DOB [REDACTED] 71

11-27-00

S-In for f/u and doing about the same, he still has a lot of low back and shoulder pain. I have dictated a letter for the pain clinic, also waiting to see what is going on with Dr. Loimil. He would like to see a psychiatrist also.

O-Exam- no apparent distress, vitals are stable. He has diminished ROM of the left shoulder internal and external rotation, significant low back tenderness. SLR is neg, at any attempt.

A-Chronic severe LBP, possible rotator cuff left shoulder. Severe pain.

P-Await f/u at the pain clinic and Dr. Loimil, make appt with Dr. Settle, he is to f/u with me afterwards.

John M. Snyder, D. O./bjw



Christopher Lester

DOB [REDACTED] 71

11-14-00

Wt 285 P 66 BP 130/80

S-In for f/u of his back and shoulder, he is also accompanied by voc rehab individual. He is doing about the same and still has considerable amt of back pain and shoulder pain. He has not reappointed to see Dr. Loimil at this point and time but I think it is in the works with comp.

O-Exam- he has tenderness of the entire shoulder girdle. Decreased internal and external rotation. He has acute LS tenderness. SLR creates pain bilaterally at 10 degrees, DTR's are symmetrical.

A-Chronic LBP possible rotator cuff tear of the shoulder.

P-Continue Oxycontin, we need to get him in to the pain clinic and hopefully speed up his appt with Dr. Loimil, I told the case worker I would dictate a letter in regard to the pain clinic and send a copy to comp and her.

John M. Snyder, D. O./bjw

J. M. Snyder

Christopher Lester DOB [REDACTED] 71 10-30-00
WT 284 P 104 BP 110/60

S-In for f/u, he is still having considerable amt of anxiety despite Paxil and Ativan at this point and time. I think he and his wife plan on seeing a marriage counselor. He gets upset with his children frequently. He is still having a lot of back pain of course under comp, but he has noticed his legs going out on him on occasions.

O-Exam - he is mildly upset, vitals are stable. Lungs are clear. Heart is regular.

A-Ongoing anxiety depression.

P-Continue Paxil 20 BID, increase Ativan to 1 mg BID, and follow.

John M. Snyder, D. O./bjw



Christopher Lester
Wt 284 P 88

DOB [REDACTED] 71

10-25-00

S-In for f/u, he saw Dr. Loimil since seeing me last, waiting further evaluation from comp. I don't have a report back yet. Chris is still feeling quite agitated and upset at times. He still has a considerable amt of back pain.

O-Exam - vitals are stable. He walks with a very stiff gait, he can barely flex. SLR is neg. but painful at extremes. He has limited motion of his shoulders.

A-LBP, rotator cuff strain, left shoulder.

P-Maintain meds. rx written and increase Paxil to 20 BID, given samples of that, and maintain any other physician f/u as outlined. F/U with me in 4 wks.

John M. Snyder, D. O./bjw



Chris Lester
Wt 284 P 88

DOB [REDACTED] 71

10-11-00

S-In for f/u, he still having low back pain and mid back pain and left shoulder. He is due to see Dr. Loimil later on this mo. He is still having problems with anxiety and temper loss, doesn't seem to change a whole lot with Paxil at this point and time.

O-Exam - he walks with a very stiff gait, he has tenderness of the dorsal and low back, diminished ROM of the left shoulder especially on internal and external rotation.

A-LBP, dorsal back pain, anxiety depression

P-Oxycontin 10 TID, to take regularly right now to try to get some pain under control for him, given Ativan .5 BID, maintain Paxil and f/u 2 wks.

John M Snyder, D. O./bjw

John M Snyder

Christopher Lester
Wt 294 P 80

DOB [REDACTED] 71

9-29-00

S-In for f/u, still having some back pain not quite as severe as it was. He is also complaining of being anxious and depressed at home, states his wife and kids are going to move out unless he does something. He flies off the handle with any prompting but also feels depressed most of the time.

O-Exam- no gross distress, vitals are stable. Lungs are clear to auscultation. Heart is regular. He has mid dorsal tenderness.

A-Ongoing LBP, anxiety depression

P-Discussed nature and treatment of depression, and anxiety. Refill on Vicodin for pain, also will try on Vioxx and refill on Flexaril and start on Paxil 20 mg 1 daily and f/u next scheduled appt. sometime later next wk.

John M. Snyder, D. O./bjw



Christopher Lester
Wt 300 P 96

DOB [REDACTED] 71

9-26-00

S-Complains of mid dorsal back pain, for the past 2-3 days, increased with respiration, no history of trauma, states he has been very anxious recently also.

O-Exam - no gross distress, he has some dorsal back tenderness, lungs are clear. Heart is regular.

A-Dorsal back pain, acute onset.

P-Observation at this time, I don't think we need any further x-rays, MRI's are neg. he is to rest, local heat. Valium 5 1 PO Q6 hrs, primarily for muscle relaxation I wish to follow in a few days.

John M. Snyder, D. O./bjw

John M. Snyder

Christopher Lester
WT 292 P 84

DOB [REDACTED] 71

9-13-00

S-Here for f/u still has a lot of pain in the shoulder and back, he had his MRI but I don't have the report back yet. We have not heard anything back as far as his appt with Dr. Loimil, his EMG is pending

O-Exam - he is ambulatory without distress, he is using a cane however. It helps relieve some of his back pain. Exam of the left shoulder shows no obvious deformities. He has difficulty with internal and external rotation and cannot raise above level.

A-LS strain

P-Hopefully get appt to see Dr. Loimil, I don't know what the hold up is other than the way comp does things. F/U in 2 wks.

John M. Snyder, D.O./bjw

Handwritten signature and date: 9-15-00

Name: Christopher Lester DOB: 9/5/00
Wt 294 P 80 BP 100/80

S-He comes in today for follow up on his labs. He was found to have a low testosterone. He is still not having any erections. He stated occasionally he will wake up in the morning with an erection but that is quite rare. He is also complaining of chronic diarrhea. He has had this pretty much most of his life. He states his sisters have a history of irritable bowel syndrome. Sometimes there will be mucus in there. He will have abdominal cramping. Sometimes fecal urgency. No blood in his stool that he has ever seen.

O-PE - He is in no apparent distress. BP is stable. Lung fields are clear. Heart is regular. Abdomen is obese with active bowel sounds. No masses, guarding or tenderness. I did not repeat genitalia exam.

A-Low testosterone, abdominal pain, diarrhea, irritable bowel syndrome.

P-Recheck CBC and TFTs due to low testosterone. He is given 200 mg of testosterone IM in the office and started on Bentyl 10 mg 1 p.o. t.i.d. Will follow in four weeks.

John Mark Snyder, D.O./srh

B7520

9/11/00 Augmentin 500mg + B12 #14 @ Medicap (initials)

Christopher Lester
P 100

DOB [REDACTED] 71

8-28-00

S-In for f/u and still having significant left shoulder and back pain. He recently had a compensation examination, there is a copy in the chart. MRI's were approved for cervical and lumbar pain.

O-Exam - he walks with a limp. He has decreased ROM in the neck, he has difficulty raising the shoulder above level. He feels as if it locks. There is tenderness on anterior palpation. He can barely SLR. Neuro is normal.

A-Right shoulder strain, possible internal derangement. Chronic recurrent LBP.

P-Will schedule MRI, try to get appt for him to see Dr. Loimil in relationship to the shoulder, place him in PT for 2 weeks. Given refill on Motrin, Flexaril and Vicodin and f/u in 2 wk.

John M. Snyder, M. D./bjw

8-28-00

Name: Christopher Lester DOB: [REDACTED]/71 4/7/00
Wt 294 P 80

S-He comes in today for follow up. He had a compensation injury a few weeks ago when he fell off of a truck injuring his left shoulder, his mid back and ribs. He apparently lost consciousness. He was evaluated at CAMC. He has been treated at their Health Plus since then. He is still having a lot of pain especially in the shoulder. He is still having some headaches.

O-Exam reveals he is in no apparent distress. His vitals are stable. HEENT: Benign. He has some stiffness of his neck. He has a lot of pain with movement of his shoulder. He has great difficulty in raising it above 90 degrees.

A-Cervical lumbar strain, left shoulder strain and contusion.

P-He is continued on Motrin 800 t.i.d., Flexeril 10, 1/2 b.i.d. and 2 q.h.s., Vicodin ES p.r.n. severe pain. Will place him in physical therapy for a couple of weeks and follow.

John Mark Snyder, D.O./srh

JB 4-13-00

Christopher Lester
WT 290 P 84

DOB [REDACTED] 71

2-9-00

S-Complains of mid back pain, onset yesterday, no history of trauma. He was in the ER with his father in law this morning and he woke up and had a catch in his mid back.

O-Exam- no apparent distress, lungs are clear to auscultation. Heart is regular, he has tenderness in the mid dorsal spine and right lateral side. There is some muscle spasm.

A-Dorsal muscle spasm.

P-OMT, Flexaril 10 TID, Vicodin prn severe pain and f/u if symptoms persist.

John M Snyder, D. O./bjw

BS-10-00

Chris Lester DOB [REDACTED] /71 1-3-00
Wt 291 P 88 T 98.8

S-In for f/u, his back is doing better, he still has a lot of stiffness and soreness, he has developed congestion over the past wk. green sputum, no rigors or chills however. He states that the cream is not helping his feet at all.

O-Exam - ambulatory, lungs have faint rhonchi, heart is regular. He has LS tenderness especially on the right, SLR is painful at extremes.

A-Exacerbation of LBP improving, bronchitis, chronic dermatitis of his feet.

P-Maintain meds for his back, Ceftin 250 BID, Phenergan VC w/codeine oz 8 1 teasp QID and arrange derm consult on his feet and f/u 2-3 weeks.

John M. Snyder, D. O./bjw

Bjw

1-7-00

MOTU CASH

Chris Lester DOB [REDACTED] 71 12-6-99
WT 290 P 80

S-In for f/u primarily of his back, he has some other complaints today but since this is a comp visit I am not going to be able to address them. He states his pain has gotten worse recently, he does pretty good most of the time. He is still driving a coal truck and does so anywhere from 12 hrs a day up to 6 days a wk. difficult time losing wt secondary to that. he states he is trying to be adherent to diet as much as possible.

O-Exam - no gross distress, he has a normal gait, he does have some LS spasm, SLR is neg.

A-Exacerbation of chronic LBP.

P-Rx for Flexaril at bedtime, Voltaren XL 100 once daily, Tylenol #3 prn severe pain, advised wt loss, if at all possible and f/u 2 wks.

John M. Snyder, D. O./bjw

1810-759

Chris Lester 6-3-99
Wt 295 BP 138/72 P 84 T 97.7

S—In with a stomach virus, since *this morning*, he awakened during the night with some nausea vomiting diarrhea, he has had about 8 episodes of vomiting today and 5 loose stools. He has had some abdominal cramping no pain, no fever, he has had some chills, his child had similar type symptoms several days ago. He denies any upper respiratory type symptoms, no recent antibiotic use, he had some Phenergan supp at home and he took one of those this morning before going to work however he had to leave work due to continued vomiting and diarrhea.

O—Exam - no acute distress, afebrile, HEENT is within normal limits, heart is regular, lungs are clear. Abdomen is obese, otherwise within normal limits.

A—Gastroenteritis,

P—Clear liquids today, advance as tolerated, Phenergan 25 mg PO Q8 hrs prn, nausea and vomiting, cautioned with drowsiness, may continue with Imodium AD OTC, recheck if not better.

Barbara J. Koster, MSN-RNC/bjw

BJL 6/4

Christopher Lester 5-25-99
WT 291 BP 138/78 P 80 T 98

S-In for f/u still having some back pain and spasm, not to the degree it was previously but still present. He has been working today.

O-Exam - muscles are somewhat tender, he can flex to about 40 degrees, no neuro deficits are noted.

A-Recurrent LBP,

P-I want him to continue on Flexaril, however 1/2 BID and 2 QHS and f/u in 1 mo.

John M. Snyder, D. O./bjw

JS 5/25/99

Chris Lester 4-26-99
WT 284 BP 134/72 P 84

S-In and still having a lot of back pain, he is working, he is learning to live with the pain. There has been no change in his pattern, he still has pain primarily across the low back and sometimes radiation down into the left hip.

O-Exam - he has gained some wt. He has a stiff lumbar spine, SLR creates pain at extremes, no nuero deficits noted.

A-Chronic LBP

P-Voltaren XL 100 once daily, may be this will help his symptoms in general, also will try on Flexaril 10 2 QHS, he is given for Lotrisone cream to chronic dermatitis on the bottom of his feet that has not responded to any previous treatment. He is to f/u in a mo.

John M. Snyder, D. O./bjw

B4-0789

Christopher Lester 2-17-99
Wt 282 BP 130/76 P 116 T 98.7

S-Complains of cold cough and congestion for a few days, felt terrible and has been unable to work.

O-Exam - he is alert and oriented, no gross distress, he is hoarse, oral pharynx is mildly injected, his lungs are clear. Heart is regular.

A-Bronchitis.

P-Ceftin 250 BID, Phenergan VC w/codeine oz 8 1 teasp QID and f/u pm.

John M. Snyder, D. O./bjw

Mr 2-18-99

Christoper Lester 1-16-99
WT 282 BP 130/82 P 76 T 98.4

S-He complains of vomiting and diarrhea, he also has some recurrent LBP which has been a chronic problem for him for quite sometime he has used Lortab on occasional basis in the past yr.

O-Exam by me today shows he weighs 282, BP is normal. Heart and lungs are clear. Abdomen is soft nontender at this time. Bowel sounds are present.

A-Resolving gastroenteritis

P-I will treat symptomatically, I did give Lortab to be used on a short term basis for his pain, and advised him to f/u with Dr. Snyder as needed.

Robert B. Atkins, M. D./bjw

P 1/19

Chris Lester 10-2-98
Wt 280 BP 118/74 P 72 T 97.9

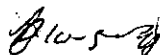
S-Still having cough congestion no gross fever, he is not coughing anything up and he feels quite weak.

O-Exam - he does feel mildly ill, he is afebrile, his oral pharynx is clear, his lungs have a few rhonchi. Heart is regular.

A-Ongoing bronchitis,

P-I wanted him on Trovan but insurance would not cover it, he was placed on Ceftin which was probably adequate however he is still sick so I am going to give samples of Trovan 200 mg once daily, hopefully cover some atypicals and he is to f/u as needed.

John M. Snyder, D. O./bjw



Chris Lester 9-28-98
Wt 280 BP 128/80 P 88 T 98.0


S—Complains of SOB, coughing and wheezing for the past few days, no rigors or chills. He also has some right sided LBP secondary to fall down some steps. He states he urinated blood afterwards.

O—Exam - he is alert, moderately ill mildly dyspneic, has end expiratory wheezes, heart is regular, he has a lot of tenderness of the right flank no hematoma. Urinalysis is clear.

A—Bronchitis, Low back contusion.

P—Trovan 200 mg once daily, Prednisone 20 mg per day for 3 days, Hycotuss oz 8 1 teasp QID cough and congestion, increase fluids and f/u as needed.

John M. Snyder, D. O./bjw



Christopher Lester 8-6-98
Wt 286 BP 118/76 P 60

S-In for primary f/u of his back along with having his thyroid checked. His sister had his thyroid checked her lately and apparently is hypothyroid.

O-Exam - no apparent distress, thyroid is normal, he has some LS tenderness, and increased pain with SLR. No neuro deficits.

A-FH of hypothyroidism without symptoms, recurrent back pain.

P-Maintain meds. check TFT's and f/u per results.

John M. Snyder, D. O./bjw

JM Snyder

Christopher Lester 7-17-98
Wt 287 BP 112/74 P 100 T 98.9

S-In for f/u doing considerably better, still having a lot of back spasm.

O-Exam - he walks with a slow deliberate gait, he has LS spasm, flexion is decreased, no neuro deficits are noted.

A-Ongoing LS strain

P-Maintain meds. rest heat and maintain f/u 2 wks.

John M. Snyder, D. O./bjw

7/20/98

7/30/98 Flexari 10mg #50 \div tid (R)
Motrin 800mg #50 \div tid (R)
Lorcet 10mg #60 \div q 4-60 prn pain (R) > Medication (R)